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<!DOCTYPE html>
<html lang="en">

  <head>
    <title>
      Doctor Register
    </title>
  </head>

  <body>
    <div class="top-content">
      <div class="inner-bg">
        <div class="container">
          <div class="row">
            <div class="col-sm-5">
              <div class="form-box">
                <div class="form-top">
                  <div class="form-top-left">
                    <h3>Sign up now</h3>
                    <p>Fill in the form below to get instant access:</p>
                  </div>
                  <div class="form-top-right">
                    <i class="fa fa-pencil"></i>
                  </div>
                </div>
                <div class="form-bottom">
                  <form role="form">
                    <div class="form-group">
                      <br><label class="sr-only" for="form-first-name">First
name</label></br>
                      <input type="text" name="fullname" placeholder="Full name..."
class="form-first-name form-control" id="form-first-name">
                    </div>
                    <div class="form-group">
                      <label class="sr-only" for="form-email">Email</label></br>
                      <input type="email" name="email" placeholder="Email..."
class="form-email form-control" id="form-email">
                    </div>
                    <div class="form-group">
                      <label class="sr-only" for="form-password">Password</label></br>
                      <input type="password" name="password"
placeholder="Password..." class="form-password form-control" id="form-password">
                    </div>
                  </form>
                </div>
              </div>
            </div>
          </div>
        </div>
      </div>
    </div>
  </body>
</html>

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        <div class="form-group">
            </br><label class="sr-only"
for="form-first-name">Gender</label></br>
            <!-- <input type="text" name="gender" placeholder="Gender(M/F)..."
class="form-first-name form-control" id="form-first-name"> -->
            <select name="gender" style='width:100px'>
                <!--<option selected="selected" class="s">Enter city</option>-->
                <option value="Male">Male</option>
                <option value="Female">Female</option>
            </select>
        </div>
        <div class="form-group">
            <label class="sr-only" for="form-mbnumber">Mobile
Number</label></br>
            <input type="text" name="phoneno" placeholder="Mobile Number..."
class="form-email form-control" id="form-email">
        </div>
        <div class="form-group">
            </br><label class="sr-only"
for="form-address">Address</label></br>
            <input type="text" name="address" placeholder="Address..."
class="form-email form-control" id="form-email">
        </div>
        <div class="form-group">
            <label class="sr-only" for="form-email">Qualification</label></br>
            <input type="text" name="qualification" placeholder="Qualification..."
class="form-email form-control" id="form-email">
        </div>
        <div class="form-group">
            <label class="sr-only" for="form-email">Specialization</label></br>
            <!-- <input type="text" name="specialization"
placeholder="Specialization..." class="form-email form-control" id="form-email"> -->
            <select name="specialization" style='width:250px'>
                <!--<option selected="selected" class="s">Enter city</option>-->
                <option value="Dentist">Dentist</option>
                <option
value="Gynecologist/Obstetrician">Gynecologist/Obstetrician</option>
                <option value="General Physician">General Physician</option>
                <option value="Dermatologist">Dermatologist</option>
                <option value="Ear-Nose-Throat (ENT)
Specialist">Ear-Nose-Throat (ENT) Specialist</option>
                <option value="Homeopath">Homeopath</option>
                <option value="Ayurveda">Ayurveda</option>
            </select>
        </div>
    </div>

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[illegible]